

POLICY MANUAL**State Mental Health, Mental Retardation and Substance Abuse Services Board
Department of Mental Health, Mental Retardation and Substance Abuse Services****POLICY 1023(SYS)89-1 Services Accessibility for Cultural and Ethnic Minorities**

Authority	Board Minutes Dated <u>March 22, 1989</u> Effective Date <u>April 26, 1989</u> Approved by Board Chairman <u>s/Greer D. Wilson, Ed.D.</u>
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Reference	§§ 37.1-194, 37.1 - 203, and 37.1-65 et.seq., Code of Virginia (1950), as amended State Board Policy 1018 (SYS) 87-2, Eligibility for Services State Board Policy 1021 (SYS) 87-9, Core Services State Board Rules and Regulations Assuring the Rights of Clients in Community Programs, March 5, 1986 State Board Rules and Regulations to Assure the Rights of Residents of Facilities Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services, July 1, 1983
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Background	<p>African-Americans, Hispanics, Asians, and other minorities are the fastest growing segment of American society. The proportion of ethnic and racial minorities is increasing in Virginia as well and is expected to increase from a current 21% to 24% by 2010. Nationally, by 2000, one in three school children will be a member of a minority group. The changing racial and ethnic composition of Virginia's population will increase the need for public services to be more culturally sensitive and representative of those they serve.</p> <p>These population groups face cultural, linguistic, and geographical barriers in accessing mental health, mental retardation, and substance abuse programs. Among the most serious problems are: the unavailability of professional bilingual services for limited or non-English speakers, the limited number of black mental health, mental retardation and substance abuse professionals and administrative practices that limit culturally appropriate treatment styles such as out-of-office visits.</p>
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Background
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Recent mental health studies document the fact that refugees are at much greater risk than the average American population for mental health problems. One study concluded that 44.7% of Southeast Asian refugees suffer serious emotional and mental debilitation, compared with 9% of the American population. Applying the percentage to Southeast Asian refugees estimated to reside in Virginia would indicate that nearly 10,000 persons of this refugee population could be in need of mental health services.

Specific data on all minority groups is lacking; however, there is evidence that these populations face serious mental health and substance abuse problems far in excess of the general population. For example, family disruptions caused by conditions associated with refugee status may create additional family tensions between Americanized adolescent children and their foreign-born parents.

Given the sparsity of data on the number of cultural and ethnic minority clients and their particular problems, it is evident that more research is indicated. Local and state facilities of the Departments of Corrections, Health, Mental Health, Mental Retardation and Substance Abuse Services currently collect only very gross data on the numbers of culturally-diverse people in their respective systems, thereby contributing to difficulties in assessing problems and needs of such populations.

Purpose

To encourage the development of adequate and appropriate mental health, mental retardation and substance abuse services that are fully accessible to Virginia citizens whose ethnic, or cultural backgrounds or whose refugee/immigrant status may require specialized service outreach and treatment interventions.

Policy

It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that all services offered by state facilities and CSBs will be accessible, within available resources, to all Virginians, including those whose ethnic, or cultural backgrounds or whose refugee/immigrant status may require specialized service outreach and treatment interventions.

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These specialized interventions include, but are not limited to, the provision of services:

- by professional staff who are representative of ethnic and cultural minority communities and/or who have received specialized training in or are familiar with the culture, cultural diversity, customs, languages and beliefs of the groups with which they will be working
- with family involvement and in close affiliation with community ethnic and cultural minority organizations
- in languages other than English
- in non-traditional locations, utilizing outreach and other non-office based and culturally sensitive settings

The State Board encourages representation by persons who are members of ethnic, cultural minority groups in the planning, administration, delivery and oversight of community and facility-based services in order to assure that services are responsive to identified needs of these populations.

State facilities and CSBs should, on a regular basis, evaluate the adequacy of services provided to persons of ethnic, and cultural minority communities and should take steps to institute necessary program improvements where they are deemed appropriate.

State facilities and CSBs should coordinate meeting the service needs of cultural and ethnic minorities with other State and local human resource agencies such as the Department of Social Services which is the lead agency for refugee resettlement.

If it is appropriate that services be provided in a language other than English, this should be arranged through either bilingual professional staff or the appropriate use of competent interpreters.

Additionally, State facilities and CSBs should examine the impact of existing policies and procedures, outreach and treatment practices, service locations (where applicable), staff recruitment and employment practices, and training programs on their responsiveness to the needs of these populations.

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State facilities and CSBs should conduct ongoing needs assessments of the mental health, mental retardation and substance abuse service needs of their constituencies and should actively and affirmatively reach out to ethnic and cultural minority communities and develop services where unmet needs exist.

State facility and CSB long range service plans should define strategies for establishing treatment, outreach services and programs that effectively respond to identified mental health, mental retardation and substance abuse service needs of these minority communities.

The Department should pursue grants and other resources in support of services to cultural and ethnic minorities.

Additional program capacity to address the identified needs of these populations also should be among the service priorities identified by CSBs and State facilities to the Department of Mental Health, Mental Retardation and Substance Abuse Services for inclusion in the State Comprehensive Plan.
